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APPLICANTS

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** CONTINUING DATA ***** RNS

** FOREIGN APPLICATIONS ***** RNS

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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35 USC 119 (a-d) conditions met ☒ yes ☐ no ☐ Met after Allowance

Verified and Acknowledged *Ramell H. Lerrae* Examiner's Signature *RNS* Initials

ADDRESS

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TITLE

Flexible method and system for managing addresses

FILING FEE RECEIVED 860	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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